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Ophthalmic Literature

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Ophthalmic Literature

VOL. VI. JULY, 1916. NO. 7.

Edited by EDWARD JACKSON. Assisted by WILLIAM H. CRISP.

NEED FOR EXAMINATIONS IN OPHTHALMOLOGY.

Organized society requires the succession of individuals capable of performing its various necessary functions. Some of these are sufficiently provided for by the self-interest of the individual seeking the rewards which certain services to the community bring. But to secure the highly specialized and vitally important advice and guidance of modern medicine, it has been found that provision must be made through state regulation and assistance, the endowment of educational institutions and the cultivation and enforcement of professional ideals.

An essential point in this provision for a succession of professional advisors is the decision as to who is prepared to take up the responsibilities of medical practice; or when has the individual reached that stage of professional development that it is proper to certify to the community that he is competent to do what is expected of the physician or surgeon.

The decision is no less important with regard to the practice of ophthalmology than with regard to general medical work that the recent graduate of the medical school is expected to take up. It is not provided for in the law regulating the practice of medicine in any of the United States, or of any other country, unless the German requirement of "one-half year of work in an eye clinic" for admission to the "Staats examen" can be so interpreted. This is the situation that has led the national organizations of ophthalmologists in the United States to establish an examination of those desiring to enter upon the special or exclusive practice of ophthalmology.

WHAT CONSTITUTES AN EXAMINATION?

Some evidence of fitness is properly required of every aspirant for new honors or responsibilities. The young savage demonstrated his courage and endurance before he was ranked among the warriors of his tribe. The artisan did some piece of work satisfactory to his seniors before he was admitted to his gild. The scholar wrote his thesis, and defended it, or delivered his lecture, by which he was judged worthy to be called "doctor" and authorized to teach. Examinations have taken many different forms, but the essential idea under all is that they supply the evidence of fitness.

The most conclusive evidence of fitness to practice ophthalmology is a man's professional life. Before this has been lived the best judgment regarding him may be founded on observing samples of his work. In the way he observes and manages a few cases is found the best evidence of his ability to observe and treat others. Some actual manipulation of a patient or an instrument is enormously more important

evidence of ability to treat or operate than any verbal account of such treatment or operation. Fitness for ophthalmic practice consists in ability to do things, not in facility in describing them. The written and oral answering of questions may indicate the possession of certain knowledge, and the ability to analyze or associate observations, but that is only a part of fitness for ophthalmic practice.

Practical clinical and laboratory tests, as a part of the formal examination, are very important. But in so far as it is accessible the examination of actual work the applicant has done, in public clinic or private practice, is the most important part of an examination into his preparation to enter upon the special practice of ophthalmology. The young man preparing for his life work may have done little of this, but he must have done some of it if he is really prepared to enter upon individual practice. The best examination to which he can be subjected is an examination of this work. The reports of work done, which are to be required of applicants by the American Board for Examinations in Ophthalmology, ought to be a very important part of such examinations.

For older men who choose to take these examinations the study of their professional work may well constitute the chief or sufficient reason for certifying their fitness. The work of some has been witnessed by many of their colleagues competent to judge it. For such any ordinary tests made in an examination room could only be a formality or a farce. Even ophthalmologists who do not occupy public or teaching positions may be judged in this way. The national organizations of ophthalmologists, and the general organization of the medical profession are extended enough to furnish many opportunities to ascertain how others judge the professional fitness of most men who have been several years in practice.

The best sort of an examination, however, that one man can give another is that which a chief can give his assistants in a public clinic or in private practice. The report of its results may be tinged with personal interest or feeling, and so vitiated. But if it is given judiciously by a competent critic, with single devotion to the truth, it is the best evidence attainable of fitness for ophthalmic practice. To utilize such evidence may be difficult, to give it full credence may be dangerous; but its great value ought to be recognized. The six weeks' course in ophthalmology given at the University of Colorado has been less a preparation for the degree that sometimes follows it than an examination as to preparation previously made. This must be the case in all institutions granting any such degree, or certificate, if it is to be an honor to the recipient and a credit to the institution that grants it.

BOOK NOTICES.

Bulletins et Memoires de la Société Francaise d'Ophtalmologie, Volume 31, 1914. 8vo, 937 pages. Illustrated. Paris: G. Steinheil. 1914.

This volume giving an account of the meeting held in May, 1914, comes as a reminder from a past that now seems strange and distant.

It gives the transactions of a society that met in Paris, but numbered among its members eleven from Germany, four from Austria, one from Bulgaria and twelve from Turkey. Its first scientific communication received through the Hungarian Ophthalmological Society is an argument for adopting as the unit of standard vision the oxyoptrie proposed by Blascovics, which subject it was proposed to bring before the International Ophthalmological Congress at St. Petersburg. But the scientific value of the matter here contained has not been superseded by more recent European publications. It embraces the latest utterances on many live subjects that we have from French-speaking masters of ophthalmology.

It is customary in each of these volumes to include some extended treatise. This year it is a treatise on "The Treatment of Ocular Syphilis" by Louis Dor. This paper occupies 224 pages and the related papers and discussions that follow it 117 pages more. Glaucoma and its treatment, with an experimental study of sclerectomy, occupy another hundred pages. The remaining papers, thirty-six in number, deal with almost as many subjects. Most of them having been previously published in the French ophthalmic journals (of which they form a large part of the issues of the past two years), they are noticed in this month's Index of Ophthalmology mainly under repeated titles.

We can only hope that another year these meetings may be resumed, and rapidly gain their former importance.

Wood, Casey A., The Eye, Practical Medicine Series, 1916. Volume III, Eye, Ear, Nose and Throat. 12 mo. 376 pages. Chicago: The Year Book Publishers.

This volume opens with the portion devoted to the eye, of which there are 188 pages. It is illustrated with a colored plate, six halftone plates and eighteen cuts in the text. This part of the account of the year's progress in medicine and surgery will prove very helpful to the man in ophthalmic practice, whose ambition does not induce him to seek a more complete knowledge of what goes on in his special branch; and it should be very valuable in keeping the doctor who does not give special attention to ophthalmology in close touch with the advances in that department of medicine. The selections it contains from the literature of ophthalmology have been made with good judgment; while the editor does not hesitate to criticise (in brackets) some of the things that he quotes.

Jackson, Edward, Ophthalmology, Progressive Medicine, June, 1916. 8vo. 482 pages. Philadelphia and New York: Lea and Febiger.

The part of this volume devoted to ophthalmology occupies twenty-seven pages. In so far as this space allows, it calls attention to those observations in the field of ophthalmology that will be of most general interest and usefulness to the part of the medical profession engaged in other than ophthalmic practice.

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ORBIT.

Henkes, J. C. Mucocele of the Frontal and Ethmoid Cells. Zeit. f. Augenh., v. 34, p. 361.

Patterson, J. A. Proptosis of Eyeball. Colo. Ophth. Soc., March 18, 1916. Ophth. Rec., v. 25, p. 372.

Reese, R. G. Gumma of Orbit. Arch. of Ophth., v. 45, p. 375.

Rollet. Orbito-palpebral Prothesis in Wax and Rubber for War Injuries. (6 ill.) Arch. d'Opht., v. 35, p. 134.

Verhoeff, F. H. Glass Ball to Hold Thiersch Graft in Position. Ophth. Rec., v. 35, p. 374.

Zentmayer, W. Traumatic Pulsating Exophthalmos. Jour. Amer. Med. Assn., v. 67, p. 163.

TUMORS.

Birch-Hirschfeld. Papilloma of Conjunctiva and Cornea With Contact Tumor of Lid Margin. Zeit. f. Augenh., v. 34, p. 291.

Bruder, J. Sarcoma of Choroid in Young Subjects. Arch. of Ophth., v. 45, p. 374.

Clark, W. L. Desiccation Method in Ophthalmology, Special Reference to Epitheliomas of Lids, Canthi and Conjunctiva. Jour. Amer. Med. Assn., v. 67, p. 17.

Denzer, G. Hard Fibroma of Conjunctiva. (2 pl.) Zeit. f. Augenh., v. 34, p. 311.

Ellett, E. C. Primary Intradural Tumor of Optic Nerve; Removal With Preservation of Eyeball. Jour. Amer. Med. Assn., v. 67, p. 104.

Kestenbaum, A. Bilateral Melanosis of Eyeball and Face. (Bibl.) Zeit. f. Augenh., v. 34, p. 317.

Pfingst, A. O. Dermoid of Corneo-scleral Margin. Southern Med. Jour., v. 9, No. 7.

INJURIES.

Birch-Hirschfeld. Avulsion of Optic Nerve Through Gunshot Injury. Zeit. f. Augenh., v. 34, p. 289.

Boyd, E. T. Lens Dislocated Into Vitreous. Colo. Ophth. Soc., March 18, 1916. Ophth. Rec., v. 25, p. 369.

Cantonnet, A. Syndromes of Claude Bernard-Horner and Avellis. (Cervical Sympathetic.) Arch. d'Opht., v. 35, p. 140.

Clement, C. C. Value of Accurate Localization of Foreign Bodies in Orbit. Chicago Ophth. Soc., March 20, 1916. Ophth. Rec., v. 25, p. 187.

Collins, W. J. Gunshot Wound of Right Orbit and Maxilla. (4 ill.) Lancet, June 17, 1916, p. 1217.

Dixon, G. S. Macroscopic Specimen of Eye Removed for Equatorial Rupture of Sclera. Arch. of Ophth., v. 45, p. 376.

Griffith, A. D. Injuries of Eye and Orbit. Lancet, June 24, 1916, p. 1245.

Harry, P. A. Treatment of Eye Injuries in Soldiers. The Prescriber, v. 10, p. 103.

Lapersonne, F. de. War Injuries, Wounds of Eye by Small Fragments. Arch. d'Opht., v. 35, p. 129.

Lotin, A. V. Operative Treatment of War Wounds of Eyes. Russky Vrach, v. 15, No. 16.

Monbrun, A. Changes in the Sympathetic Nerve in War Injuries of Eye and Orbit. (Bibl.) Arch. d'Opht., v. 35, p. 144.

Oleynick, R. Eye Injuries of First Seven Months of War in Eye Department of Koenigsberg Hospital. (Bibl.) Zeit. f. Augenh., v. 34, p. 301.

Spencer, F. R. Foreign Body Lodged for Years in Superficial Layer of Eyeball. (1 ill.) Ophth. Rec., v. 25, p. 351.

Verwey. Conjunctival Flap in Perforating Injuries of Eyes. Zeit. f. Augenh., v. 34, p. 363.

Wheeler, J. M. Foreign Body Retained in Eye Fifteen Years Without Causing Inflammatory Disturbance. Arch. of Ophth., v. 45, p. 373.

Young, H. B. Eye Injuries From Broken Spectacles. Ophth. Rec., v. 25, p. 373.

PATHOLOGY.

Knowles, F. C. Family Albinism. Interstate Med. Jour., v. 23, p. 555.

Woods, A. C., and Stoddard, J. L. Action of Toxins and Protein Degeneration Products of Eye. (Bibl.) Arch. of Ophth., v. 45, p. 321.

GENERAL DISEASES.

Cobb, I. G. Exophthalmic Goiter, Graves' Disease and Basedow's Disease; Hypopituitarism. Med. Press and Circ., v. 101, p. 540.

Dor, L. Treatment of Ocular Syphilis. Soc. Fr. d'Opht., v. 31, p. 1.

Gleason, J. E. Ocular Evidences of Vicarious Menstruation. Jour. Mich. State Med. Soc., v. 15, p. 336.

Hall, G. C. After Effects of Diphtheria on Eye, Ear, Nose and Throat. Ky. Med. Jour., v. 14, p. 407.

Jacobson, A. C. The Hypothyroidic Eye. Med. Times, v. 44, p. 207.

Wright, H. R. Rare Tubercular Condition of Eye. (11 ill.) Ophth. Rec., v. 25, p. 333.

COMPARATIVE OPHTHALMOLOGY.

Doflein. Color Sense of Insects. Zeit. f. Augenh., v. 34, p. 329.

Langdon, H. M., and Cadwallader, W. B. Amblyopia in Young Monkey. Jour. Comp. Path. and Therap., v. 28, p. 334.

Rochon-Duvigneaud. Protection of Cornea in Creeping Vertebrates (Serpents and Eel-shaped Fish). Ann. d'Ocul., v. 153, p. 185.

Stewart, T. M. Comparative Anatomy of the Eye. Lancet-Clin., v. 116, p. 73.

Tervoert, F. W. Astigmatism of Horses Eye. Tijdschr. v. Vergl., 1, Pt. 3.

HYGIENE.

Alger, E. M. Illumination and Eyestrain. Modern Hosp., v. 6, p. 207.

Fagin, R. Prevention of Blindness in Tennessee. Jour. Tenn. St. Med. Assn., v. 9, p. 124.

Gatewood, J. D. Artificial Illumination. U. S. Nav. Med. Bull., v. 10, p. 401.

Lewis, F. P. Medical Examination of School Children. New York Med. Jour., v. 104, p. 91.

Schaefer, G. C. Conservation of Vision. Ohio State Med. Jour., July 1, p. 488.

OPHTHALMIC SOCIOLOGY AND HISTORY.

Angelucci, A. Protection of Eyes of Soldiers and Re-education of Those Blind From War. (32 ill.) Arch. di Ott., v. 23, p. 177.

Bell, B. C. Treatment of Blind After the War. Canadian Pract. and Rev., v. 41, p. 277.

Collins, A. H. Homeopathic Eye and Ear Notes. Eclectic Med. Jour., v. 76, p. 348.

Katz, R. A. Ophthalmic Aid for Sick and Wounded Soldiers. Russky Vrach, v. 15, No. 17.

Green, J., Jr., and Carhart, W. M. Optometry. Ref. Handb. Med. Sc., v. 6, p. 903.

v. Rohr. Supplying of Glasses in Germany in the Eighteenth Century. (Bibl.) Zeit. f. Ophth. Optik, v. 3, p. 73.

Abstracts From Foreign Journals

Axenfeld, T. Retinitis Externa Exsudativa With Formation of Bone. (Graefe's Archiv für Ophthalmologie, vol. 90, page 452.)

In 1909 the patient, then 59 years old, noticed a dark shadow at the fixation point, and lines appeared crooked. The ophthalmoscopic examination was negative. Under general treatment the scotoma and the metamorphopsia somewhat improved. After ten days ophthalmoscopic examination revealed a few yellowish points in the macula lutea, and two months later a small hemorrhage appeared in the same vicinity. Still two months later a number of small confluent hemorrhages were noticed in an arc-like arrangement above the grayish discolored macula. A similar crop of hemorrhages occurred at a further interval of two months. A year later the vision, which before the disturbance began had been 4/7, had fallen to 0.5/25, eccentric; and there was a large central scotoma. Ophthalmoscopically there was seen a sharply limited, whitish, almost glistening mass in the region of the macula lutea behind the retinal vessels, free from hemorrhages, and distinctly protruding above the general level of the retina. The tension was somewhat elevated. Sarcoma was thought of. The eye was enucleated a month later on account of further increase in the size of the supposed tumor. This was in 1910.

The left eye remained good until 1912, when it became affected by the same process. The development of the disease in this eye is illustrated by four colored plates. In this eye also the vision fluctuated, ranging between counting of fingers at about 4 m. and 1/35. In April, 1915, more than a year had elapsed without further activity in development of the disease, vision was 1/20 eccentric, and the lesion had a healed, cicatricial appearance. The treatment had consisted of iodin internally, and dionin and other local applications, including subconjunctival salt injections.

The microscopic findings in the enucleated right eye represented an advanced stage of the disease. Contrary to expectations, no actual tumor was found, but a connective tissue mass, the anterior aspect of which was connected with the retina, while the posterior side was in contact with the choroid. In the region of the mass, the retina bulged forward about 2.5 mm. The external layers of the retina were replaced by the connective tissue mass, which was in the main distinctly limited from the choroid by the sharply defined lamina vitrea; although the lamina was broken down at a few points, where there was an apparent transition of the choroidal connective tissue elements into the pseudo-tumor. The mass consisted mainly of cicatricial lamellae and trabeculae, with relatively few blood vessels, the latter probably arising from the chorio-capillaris. No trace of hemorrhages was found either within or around the scar tissue. In the interior of the pseudo-tumor an extensive true bone formation was recognizable, its type being characteristic of the so-called "ossification of the choroid."

The earlier hemorrhages seen with the ophthalmoscope had undoubtedly arisen from the retinal vessels and not from the choroid, although it may be that the marginal hemorrhages occurring later were derived from the new-formed vessels of the pseudo-tumor. Although the cases described by Coats under the name of "Retinitis Exsudativa Haemorrhagica Externa" were in youthful individuals, Axenfeld elects to place his case within the same category.

Bielschowsky, A. Recurrent and Alternating External Ophthalmoplegia. (Graeve's Archiv für Ophthalmologie, vol. 90, page 433.)

The peculiarities of the case which is described were as follows:

During a five-year period of observation the following stages of the disease recurred at irregular intervals, some of them several times: (a) Paralyses or pareses of various external muscles of both eyes; (b) paralysis or paresis of all the external muscles of both eyes, including the elevator of the lid; (c) unrestricted mobility of both eyes in all directions with perfect binocular vision, but with disturbance of balance (heterophoria) of the concomitant (non-paretic) type.

The internal ocular muscles remained completely intact during the whole period of observation. There was a complete absence of symptoms pertaining to the sensory apparatus. There was also an entire lack of other subjective and objective signs outside the motor apparatus of the eyes.

After considering the various theories as to the causation of recurrent oculomotor paralysis, Bielschowsky concludes that the disease process is located in the nuclear region. He rules out multiple sclerosis, and seems disposed to agree with Uhthoff in treating this class of cases as a special group.

Seefelder, R. Degenerative Corneal Changes. (Graefe's Archiv für Ophthalmologie, vol. 90, page 394.)

The patient, a master-smith, aged 66 years, stated that during the previous seven years his vision had gradually failed. The greater part of the right cornea showed a dense bluish-white diffuse opacity. The opaque zone was sharply bounded from the clear portion of the cornea, and was distinctly raised above the level of the clear tissue. So far as could be made out, there was no disease in the posterior part of the eye. The opacity appeared to involve principally the superficial layers of the cornea. The surface of the opaque part of the cornea was so very uneven as to suggest that the unevenness depended mainly upon changes in the substantia propria. Magnification did not resolve the opacity into points or individual nebulae. In several parts of the extreme periphery of the cornea was a deep gutter similar to that seen in marginal degeneration of the cornea. In the region of the opacity the sensibility of the cornea was preserved, but was less than in the clear cornea. The vision was reduced to counting fingers at 1 meter.

Rather more than the lower half of the left cornea showed a less pronounced opacity, of later development, and which interfered with vision to a much less extent ($V = 6/60$). The opaque tissue in this eye was only slightly raised above the general surface, and the loupe resolved the opacity into minute points. Both eyes were completely free from irritation.

Remelé, J. Passage of Urotropin Into the Aqueous Humor, and Liberation of Formaldehyde Occurring There. (Graefe's Archiv für Ophthalmologie, vol. 90, page 426.)

It was found that urotropin, injected intravenously in the rabbit, passed at once into the aqueous humor, soon reaching there its maximum concentration. The latter amounted to from 1:1000 to 1:5000 in animals which had received 2 grams in 10 per cent solution. The maximum concentration lasted about four hours, and then slowly diminished. Formaldehyde is liberated about one and one-half hours after the injection, and its presence can still be demonstrated after nineteen hours, although the quantity present is very minute at any time.

Ophthalmic Journals

American Journal of Ophthalmology, St. Louis, Mo.
Anales de Oftalmologia, Mexico City, Mexico.
Annales d'Oculistique, Paris, France.
Annali di Ottalmologia, Pavia, Italy.
Annals of Ophthalmology, St. Louis, Mo.
Archiv für Augenheilkunde, Wiesbaden, Germany.
Albrecht v. Graefe's Archiv für Ophthalmologie, Leipsic, Germany.
Archiv für vergleichende Ophthalmologie, Leipsic, Germany.
Archives d'Ophthalmologie, Paris, France.
Archives of Ophthalmology, New York, N. Y.
Archivio di Ottalmologia, Naples, Italy.
Archivos de Oftalmologia Hispano-Americanos, Barcelona, Spain.
Atti dell'Associazione Ottalmologica Italiana, Pavia, Italy.
Beiträge zur Augenheilkunde, Leipsic, Germany,
Centralblatt für praktische augenheilkunde, Leipsic, Germany.
La Clinique Ophtalmologique, Paris France.
La Clinique Ophthalmologique, Paris, France.
L'Ophtalmologie Provinciale, Tours, France.
Journal Ophthalmology and Oto-Laryngology, Chicago, Ill.
Journal Ophthalmology, Otology and Laryngology, Lancaster, Pa.
Klinische Monats blätter für Augenheilkunde, Stuttgart, Germany.
Mitteilungen aus der Augenklinik des Carolinischen Medico-Chirurgischen Instituts, Jena, Germany.
Nippon Gankwa Gakukwai Zasshi, Tokyo, Japan.
Ophthalmic Literature, Denver, Colo.
Ophthalmic Record, Chicago, Ill.
Ophthalmic Review, London, England.
Ophthalmology, Seattle, Wash.
Ophthalmoscope, London, England.
Postep Okulistyczny, Krakow, Austria.
Pratica Oculistica, Rome, Italy.
Progresso Ottalmologico, Palermo, Italy.
Revue Générale d'Ophtalmologie, Paris, France.
Revue Internationale d'Hygiène et de Thérapeutique Oculaires, Paris, France.
Rivista Italiana di Ottalmologia, Rome, Italy.
Sammlung Zwangloser Abhandlungen aus dem Gebiete der Augenheilkunde, Halle a. S. Germany.
Vlestnik Ophthalmologie, Moscow, Russia.
Wochenschrift für Therapie und Hygiene des Auges, Dresden, Germany.
Zeitschrift für Augen heilkunde, Berlin, Germany.

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